



## 270/271 Eligibility and Response WA MED WEB

Are you interested in checking patient eligibility instantaneously and for free?

### Check out our WA MED WEB

(<https://wamedweb.acs-inc.com/wa>)

- 1** Complete the **ACS EDI enrollment packet**. Or call **1-800-833-2051** to have the enrollment packet sent to you. Make sure you have indicated you want the **270/271 Eligibility and Response** transaction through the web portal.

You may also download an enrollment packet through the ACS Web Site: Go to URL, select **Medicaid** then **Washington State** <http://www.acs-gcro.com/>

- 2** If you have already enrolled and **did NOT** indicate you wanted the **270/271 Eligibility and Response** transaction you must call to **update your registration**.

Call the Affiliated Computer Services (ACS) hot line if you need to make that change at **1-800-833-2051**.

- 3** Wait for your **Web registration, trading partner ID** and **password** to be returned to you **by mail**.

Armed with these, you can go onto the WAMED WEB at:  
<https://wamedweb.acs-inc.com/wa> and file the 270 transaction

After entering the website you will find a number of choices. Not all dropdown choices will be available at this time. We are looking forward to future releases to expand the functionality of the site. **Select Eligibility Inquiry.**

**DSHS** Washington State Department of Social & Health Services

Washington State WAMedWeb [Exit](#) | [Help](#)

[HOME](#) | [INQUIRIES](#) | [SUBMISSIONS](#) | [RETRIEVALS](#) | [MANAGE USERS](#) | [MY ACCESS](#)

ACS WASHINGTON WEB PORTAL

### WAMedWeb Home

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current WAMedWeb profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Inquiries	Submissions	Retrievals	Manage Users	My Access
<a href="#">Eligibility Inquiry</a>	<a href="#">Prior Authorization</a>	<a href="#">View/Download Files</a>	<a href="#">Add New User to Organization</a>	<a href="#">My Profile</a>
<a href="#">Claim Status Inquiry</a>	<a href="#">Upload Files</a>		<a href="#">Add Existing User to Organization</a>	<a href="#">Change Organization</a>
<a href="#">Provider Warrant Summary</a>			<a href="#">Update or Remove Users</a>	<a href="#">Change Password</a>
			<a href="#">Reset Password</a>	<a href="#">Manage Proxies</a>
				<a href="#">Manage Submitter IDs</a>

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

For assistance, please visit [Help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.  
Site last modified: 2003.10.13

Once you have selected the **Eligibility Inquiry link** you will be taken to a screen where you can enter information to check eligibility.

**DSHS** Washington State Department of Social & Health Services

Washington State WAMedWeb [Exit](#) | [Help](#)

[HOME](#) | [INQUIRIES](#) | [SUBMISSIONS](#) | [RETRIEVALS](#) | [MANAGE USERS](#) | [MY ACCESS](#)

ACS WASHINGTON WEB PORTAL

### Eligibility Inquiry

To submit an Eligibility Inquiry on a specific client, select a Provider Number, enter a Date of Service, complete one of the following criteria sets and click 'Submit.' If your inquiry returns more than one client, you will be asked to check your information and/or enter a different set of information.

- PIC (Patient Identification Code) AND SSN **or**
- Last Name, First Name, Middle Initial AND SSN **or**
- Last Name, First Name, Middle Initial AND PIC **or**
- Last Name, First Name, Middle Initial, SSN AND Date of Birth

\* denotes required field(s)

\* Provider Number:

Date of Service: mm dd ccyy

PIC:

SSN:

Last Name:

First Name:  M.I.:

Date of Birth: mm dd ccyy

For assistance, please visit [Help](#) or contact the WAMedWeb Help Center at 1-800-833-2051.  
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[Go to top of page](#)

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After submitting the information you will receive an instant screen telling you the eligibility of your client.

WAMedWeb - Eligibility Inquiry Response - Microsoft Internet Explorer

Address: <https://wamedweb.acs-inc.com/wa/secure/eligibility/inquiry/submit.do>

Washington State Department of Social & Health Services

Washington State WAMedWeb

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Eligibility Inquiry > Eligibility Inquiry Response

ACS WASHINGTON WEB PORTAL

Eligibility Inquiry Response

[Print Page](#)  
For best results, choose a landscape paper orientation from the Print dialog that appears.

Client Demographic Information

PIC: JAN207555DOEBAA Valid Request Indicator  
Name: JANE DOE Reject Reason Code  
Address: PO BOX 1234 Follow-up Action Code  
City: OLYMPIA  
County Code: 076  
State: WA  
Zip Code: 98500000  
Date of Birth: 02/07/1955  
Gender Code: F Female

Eligibility Span

Service Type Code	Insurance Type Code	Payer Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date
30: Health Benefit Plan Coverage	MC: Medicaid	MNP-QMB	MNP-QMB	07/25/2003	10/31/2003

Message Text: THIS IS THE CLIENTS ELIGIBILITY AS OF THIS DATE BASED ON INFORMATION AVAILABLE AT THIS TIME

Managed Care Information

Insurance Type Code	PCEH Code	Plan/PCEH Name	Plan/PCEH ID	Plan/PCEH Phone Number	Begin Date	End Date
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Restricted Client Information: N - Services restricted to the following

Exception Description	Provider Name	Provider Phone Number	Period Effective Date	Period Expiration Date
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**The Eligibility Inquiry is available for you now free of charge.**  
**Sign up with ACS EDI Gateway at**  
**1-800-833-2051**